

**BOARD OF REGISTERED NURSING**

P.O. BOX 944210, SACRAMENTO, CA 94244-2100
 TDD (916) 322-1700
 TELEPHONE (916) 322-3350
 www.rn.ca.gov

**EXPERT WITNESS APPLICATION**

The Board of Registered Nursing is seeking qualified registered nurses with the professional and educational background to develop opinions, prepare written reports and/or testify as an Expert Witness on their behalf. An Expert Witness is any person possessing technical or professional knowledge from advanced education and/or extensive work experience enabling the formation of definite opinions in an area of expertise. *California Civil Code Section 43.8, provides immunity for those practitioners who render an opinion against a registered nurse for the Board.*

An Expert Witness must hold a current and active license in their profession and be in good standing with no prior disciplinary actions or convictions.

If you wish to be considered by the Board as an Expert Witness, please complete the information listed below. The information you provide will be maintained for reference for any current or future cases for which you may be qualified.

Please complete each section and attach your curriculum vitae/resume. Please Print or Type Clearly

Name			
Last	First	Middle	Date of Birth
Business Address		Telephone Number	Social Security #
Street	City	State	Zip Code
Home Address		Telephone Number	Title or Position
Street	City	State	Zip Code
California RN License Number _____	Other Professional Licenses & States of Licensure _____		Highest Educational Degree(s)
Area of Expertise _____	_____		

PREVIOUS CONSULTANT OR EXPERT WITNESS EXPERIENCE

Company	Type	Date
Company	Type	Date

OTHER PROFESSIONAL ACTIVITIES/CREDENTIALS**REFERENCES**

If you need additional space to complete the application, please attach a separate sheet or complete the information on the reverse side.

I certify under the penalty of perjury under the laws of the State of California that all statements, answers and representations in this application including all attachments are true and accurate.

 (Signature)

 (Date)